The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, Suite 500, Boston, MA 02114

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Commissioner

Request for Extension

All requests for extensions to the time allowed to complete certain conditions of licensure Probation must be requested by completing this form and returning to the Probation Compliance Officer. Licensees will be notified of any extensions determinations in writing. Time to complete conditions of your Probation have not been extended until you have received written notification from the Probation Compliance Officer.

Name: _____
License No.: _____
Complaint Docket No.: NUR-_____-_____

Probation Condition that is the subject of this extension request:	**Date originally due**
☐ **Active Nursing Employment** (choose an option below): o I am not currently practicing in my profession but I am actively seeking a job. o I am not currently practicing in my profession and I am currently unable to actively look for work. (Explain below)	**N/A**
☐ **Completion of Continuing Education** (choose an option below) o Submission of proof of completion of continuing education on the topic(s) requested by the Board and included in your Consent Agreement: 1. _____ 2. _____ 3. _____ 4. _____ 5._____ o Submission of proof of completion of continuing education for prior renewal cycles	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ _____
☐ Supervisor's submission of verification form or letter **(Form 1)**	
☐ Supervisor's submission of quarterly report **(Form 2)**	

☐ **Evaluation or Quarterly Report**: o Medical provider o Mental health provider	 _____ _____
☐ **Enrollment with DTMC for urine screens**	_____

☐ **Other:**	

Please explain the reason(s) why you are requesting this extension on a separate attached typewritten page(s). Please be sure to include your Name and License Number of the top of each page attached.

Additional request(s) for extension *may be* allowed. However, such request(s) must be made prior to the expiration date of the previous extension granted.

I understand and agree that as a condition of granting this request, the Board may extend the minimum period during which my license is on a restricted status as necessary to accommodate the request.

_____ _____

Licensee Signature Date

To submit this form for consideration, please send complete and signed forms to:

Probation Compliance Officer
Bureau of Health Professions Licensure
Board of Registration in Nursing
239 Causeway Street, 5th floor
Boston, MA 02114